

DECK PERMIT APPLICATION

The City has adopted the
2012 International Codes

Inspections call
(816) 690-3773 Ext. 1007
return application to:

buildingofficial@cityofoakgrove.com

FEE \$25

Applied date _____ Permit Number _____
 Project Address: _____ Subdivision: _____
 Applicant Name: _____
 I am the: Homeowner _____ Contractor _____ if Contractor, Business License #: _____
 Address: (if not project address) _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email address: _____

Submit drawing/sketch with permit application.

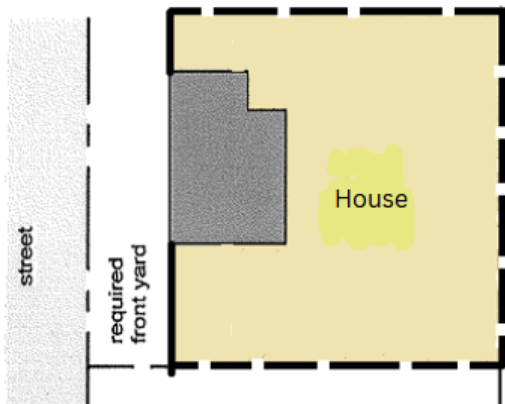
Type of lumber: Pressure Treated _____ Cedar _____ Other (please specify) _____
 Size of material: _____ Post Height of Deck _____ Setbacks: Side _____
 _____ Floor Joist Post Spacing _____ Rear _____
 _____ Beam Size Number of Post _____ Covered Deck: Y _____ N _____

Applicant Name Printed: x _____
 Applicants Signature: x _____ Date: _____
 Building Official Printed: x _____
 Building Official Signature: x _____ Date: _____

Please include drawings with measurements and show the location of the deck on the property.

The dotted lines represent property lines.

TYPICAL INTERIOR LOT VIEW



TYPICAL CORNER LOT VIEW

